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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 8183

<b>SERIAL NUMBER</b> 10/645,732	<b>FILING OR 371(c) DATE</b> 08/20/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> 0833.US1	
<b>APPLICANTS</b> Atli Thorarensen, O'Fallon, MI; J. Craig Ruble, Greenwood, IN; Donna Lee Romero, Chesterfield, MI;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/405,464 08/23/2002					
<b>** FOREIGN APPLICATIONS *****</b> None					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/22/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 28523					
<b>TITLE</b> Antibacterial agents					
<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		